

Office of the Registrar  
Warren Hall  
REGISTRATION FORM

Banner Student ID #: \_\_\_\_\_

Semester: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle/Maiden Last

Local address \_\_\_\_\_  
Street City State Zip ( ) ( )  
Cell Phone Other phone

Permanent address (if applicable) \_\_\_\_\_  
Street City State Zip

Email address: \_\_\_\_\_

Total Credit Hours earned to date: \_\_\_\_\_

In case of an emergency: Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*STUDENT GOAL:** What is the most important reason for attending SUNY Adirondack at this time? (Please ✓ one)

- |                                                                                         |                                                                                                |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Transfer to another SUNY college after earning a degree (1A)   | <input type="checkbox"/> Earn a Degree/Certificate and seek employment (3)                     |
| <input type="checkbox"/> Transfer to a non-SUNY college after earning a degree (1B)     | <input type="checkbox"/> Learn new skills/upgrade existing skills without earning a degree (4) |
| <input type="checkbox"/> Transfer to another SUNY college without earning a degree (2A) | <input type="checkbox"/> Seek enrichment rather than to pursue a degree or certificate (5)     |
| <input type="checkbox"/> Transfer to a non-SUNY college without earning a degree (2B)   | <input type="checkbox"/> Uncertain (7)                                                         |

\*Please check if you are enrolling in any of the following programs:  Pre-Nursing Track  Veterinary Science Technology

\*Other than SUNY Adirondack, last college attended: \_\_\_\_\_ Date of last attendance at previous college: \_\_\_\_\_

\*Have you been expelled and/or dismissed from college for disciplinary reasons?

- Yes If you answer yes to this question you must complete additional paperwork through the Office of Admissions.  
 No

\*Have you been convicted of a felony?

- Yes If you answer yes to this question you must complete additional paperwork through the Office of Admissions.  
 No

**COURSE SCHEDULE**

CRN#	SUBJECT and COURSE NUMBER	TITLE	CR	M	T	W	R	F	S	TIMES

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>FOR ADVISEMENT USE ONLY</b></p> <p>Declaration of Major (For First Semester Students Only): _____</p> <p>Office of Student Success/Wilton Staff Signature: _____</p> <p>Spanish 3 Score and Year: _____</p>
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<p><b>FOR REGISTRAR'S OFFICE USE ONLY</b></p> <p>Date Processed: _____</p> <p>Initials: _____</p>
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